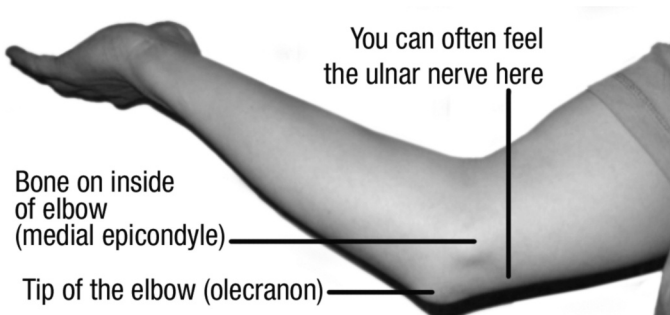




CONDITION

What is Cubital Tunnel Syndrome (Ulnar neuritis)?

This is a common condition in which one of the nerves supplying your hand is compressed at the elbow.



Inner aspect of the elbow

What is Cubital Tunnel Syndrome?

This is a common condition in which one of the nerves supplying your hand is compressed at the elbow. The nerve is called the ulnar nerve and the place where it is compressed is in the cubital tunnel. The cubital tunnel is a space behind the bone on the inside aspect of your elbow, this tunnel is sometimes also called Osborne's canal.

What causes cubital tunnel syndrome?

The commonest cause of cubital tunnel syndrome is the nerve being held down too tightly behind the medial epicondyle causing compression at that point. This can be made worse by conditions such as arthritis in the joint below or holding the elbow bent for long periods of time. Occasionally the reverse occurs and the nerve is not held down tightly enough. This allows the nerve to slip backwards and forwards around the medial epicondyle (subluxation) and this can also damage the nerve at that point. Sometimes this subluxation can be felt as a clunking sensation on the inner aspect of the elbow when the joint moves.

What symptoms does cubital tunnel syndrome give rise to?

Symptoms often come on gradually and start with pins and needles in the ring and little fingers, sometimes associated with pain and discomfort around the inner side of the elbow. Often this is worse with the elbow bent at night or when using the phone. Numbness and weakness may follow if the pressure is severe and the nerve becomes more damaged. The hand can then become clumsy and weak and the small muscles between the hand bones waste away.

How is the diagnosis confirmed?

A good description of the symptoms and a careful examination can be sufficient to make the diagnosis. Other conditions can mimic cubital tunnel syndrome and may need to be excluded with xrays or blood tests. Electrical tests are often used to confirm the diagnosis.

What is the treatment of cubital tunnel syndrome?

Unless the symptoms are intermittent and settle rapidly surgery is usually indicated to avoid irreversible nerve damage.

Pressure is relieved by carefully dividing the strap ligament over the nerve at the elbow. If the nerve is slipping around the medial epicondyle it may be necessary to move the nerve in front of the bone (anterior transposition) or trim off the tip of the bone (medial epicondylectomy). The operation is usually done under a general anaesthetic as a day case procedure. Relief of pain and pins and needles is usually rapid. If the fingers were permanently numb or the hand was feeling very weak before surgery nerve damage had occurred. In those cases the nerve function usually only partially recovers and that recovery can take up to 2 years.